MAKEUP TEST REQUEST FORM (Instructor use only)



Students may be unable to take a test/exam at the scheduled class time because of an illness or other extenuating circumstances.

In these cases, an instructor may request Testing & Assessment Services (TAS) to proctor.

Please complete this form and submit it to TAS via email or in person.

- 1. TAS personnel will review the request and respond by email within one business day.
- 2. If approved, TAS will only be responsible for administering and collecting exams.
- 3. Provide a copy of the exams to TAS in person or via email.

Please note: <u>TAS cannot be used to administer multiple versions of an exam to a student or group of students, and TAS cannot administer an exam to an entire class.</u>

Instructor Last Name		Instructor First Name		Date Request		
Preferred Method of Contact Day		Daytime/Campus Phone	Er	mail Address		
Phone	Email					
Course and Exam Information						
Course Title	Course No.	. Section	Class N	lo.	Test Date	
Name of Exam (e.g., Test 1, Midterm)			Time Li	Time Limit for Test/Exam		
Please provide sp		ร for the exam. If this is left blank, <i>we</i> พ	ill assume	e the exam is <u>OPEN</u>	book and notes	
Closed book/notes			No. of pages			
Open books			☐ Electronic notes			
□ Оре	n notes		Calculator (specify type))	
Exam Returns: (If you would like the original exam returned to you in another format, please specify here and provide a valid address)						
Campus m	ailbox #:	☐ Pick	up:			
Student Name: ctcLink #						
For Edmonds College Faculty Only						

PLEASE INFORM YOUR STUDENTS TO BRING PICTURE ID. WE WILL NOT TEST ANYONE WITHOUT PICTURE ID.

Contact Testing & Assessment Services – Mountlake Terrace Hall – MLT 152

